

Par.1. **Material Transmitted and Purpose** – Transmitted with this Manual Letter are changes to Service Chapter 624-05, Foster Care Permanency Planning manual. The old language has been struck through and the revisions are in red and underlined.

The changes involve a change for Partnerships staff to no longer enter NYTD services for youth in FRAME as well as all new policy that occurred related to PL 113-183, "Prevent Sex Trafficking and Strengthening Families Act". Due to the volume of changes made to this Chapter, here is a list of changes identified by section.

- **624-05-05** - Definitions made into one section
- **624-05-05-05** = Delete
- **624-05-05-10** = Delete
- **624-05-05-15** = Delete
- **624-05-05-20** = Delete
- **624-05-05-25** = Delete
- **624-05-10** = Updated information to reflect PL 113-183 added
- **624-05-15-05** = Delete
- **624-05-15-20** = Removed permanency planning committee references. Combined 624-05-15-60, 624-05-15-65, 624-05-15-70.
- **624-05-15-20-08** = **New section** brought 624-05-15-75 forward
- **624-05-15-20-10** = Removed permanency plan committee references. Combined 624-05-15-95-05 and 624-05-15-95-10
- **624-05-15-20-15** = Removed permanency plan committee references and combined 624-05-15-95-15
- **624-05-15-20-16** = **New section** brought 624-05-15-95-20 forward
- **624-05-15-20-20** = Updated information to reflect PL 113-183 added
- **624-05-15-35** = Updated information on entry/exit to care
- **624-05-15-35-05** = Updated information on entry/exit to care
- **624-05-15-35-10** = Updated information on entry/exit to care
- **624-05-15-50** = Updated information to reflect PL 113-183 added, permanency planning references removed, and sections divided up to create easier search categories (credit reporting, transition planning, case reviews, health care directive).
- **624-05-15-50-03** = **New section added** – removed from case plan
- **624-05-15-50-23** = Updated information to reflect PL 113-183 added
- **624-05-15-50-32** = **New section added** to reflect PL 113-183
- **624-05-15-50-34** = Updated information to reflect PL 113-183 added
- **624-05-15-50-40** = Updated information to reflect PL 113-183 added
- **624-05-15-50-43** = **New section added** – removed from case plan

- **624-05-15-50-45** = New section added for NYTD references
- **624-05-15-50-46** = **New section added** – removed from case plan
- **624-05-15-50-49** = **New section added** – removed from case plan
- **624-05-15-60** = Delete
- **624-05-15-65** = Delete
- **624-05-15-70** = Delete
- **624-05-15-75** = Delete
- **624-05-15-95** = Delete
- **624-05-15-95-05** = Delete as it was combined into 624-05-15-20-10
- **624-05-15-95-10** = Delete as it was combined into 624-05-15-20-10
- **624-05-15-95-15** = Delete as it was combined into 624-05-15-20-15
- **624-05-15-95-20** = Delete as it was moved to new 624-05-15-20-16
- **624-05-15-100** = Removed permanency plan committee references
- **624-05-15-105** = Delete -- added to definitions
- **624-05-15-110** = Updated information to reflect PL 113-183
- **624-05-15-115** = Updated information to reflect PL 113-183
- **624-05-15-115-05** = Combined relevant goal sections
- **624-05-15-115-05-05** = Delete -Combined relevant goal sections into 624-05-15-115-05 for return home/ reunification.
- **624-05-15-115-05-10** = Delete- Combined relevant goal sections into 624-05-15-115-05 for return home/ reunification.
- **624-05-15-115-05-15** = Delete- Combined relevant goal sections into 624-05-15-115-05 for return home/ reunification.
- **624-05-15-115-10** = Combined relevant goal sections
- **624-05-15-115-10-05** = Delete- Combined relevant goal sections into 624-05-15-115-10 for placement with a relative.
- **624-05-15-115-10-10** = Delete- Combined relevant goal sections into 624-05-15-115-10 for placement with a relative.
- **624-05-15-115-10-15** = Delete- Combined relevant goal sections into 624-05-15-115-10 for placement with a relative.
- **624-05-15-115-15** = Combined relevant goal sections
- **624-05-15-115-15-05** = Delete- Combined relevant goal sections into 624-05-15-115-15 for adoption.
- **624-05-15-115-15-10** = Delete- Combined relevant goal sections into 624-05-15-115-15 for adoption.
- **624-05-15-115-15-15** = Delete- Combined relevant goal sections into 624-05-15-115-15 for adoption.
- **624-05-15-115-15-20** = Delete- Combined relevant goal sections into 624-05-15-115-15 for adoption.
- **624-05-15-115-15-25** = Delete- Combined relevant goal sections

into 624-05-15-115-15 for adoption.

- **624-05-15-115-25** = Updated information to reflect PL 113-183
- **624-05-15-115-30** = Updated information to reflect PL 113-183.  
Added 624-05-15-115-30-05 and 624-05-15-115-30-10 to this.
- **624-05-15-115-30-05** = Delete
- **624-05-15-115-30-10** = Delete
- **624-05-23** = Updated information to reflect 18+ court order needs
- **624-05-25** = Updated to remove and add needed forms
- **624-05-30-05** = Delete
- **624-05-30-05-05** = Delete
- **624-05-30-05-10** = Delete
- **624-05-30-05-05-15** = Delete
- **624-05-30-10** = Delete
- **624-05-30-10-05** = Delete
- **624-05-30-20** = Delete – combined with 624-05-30-20-10
- **624-05-30-20-05** = Delete – combined with 624-05-30-20-10
- **624-05-30-20-10** = Updated to combine sections
- **624-05-30-25-10** = Delete

### **PI 15-24 (9/29/2015 issuance)**

~~Permanency Planning Chapter~~ Definitions 624-05-05

As used in this chapter:

1. "Abandon" means:
  - a. As to a parent of a child not in the custody of that parent, failure by the non-custodial parent significantly without justifiable cause:
    - i. To communicate with the child; or
    - ii. To provide for the care and support of the child as required by law; or
  - b. As to a parent of a child in that parent's custody:
    - i. To leave the child for an indefinite period of time without making firm and agreed plans, with the child's immediate caregiver, for the parent's resumption of physical custody;
    - ii. Following the child's birth or treatment at a hospital, to fail or arrange for the child's discharge within ten days after the child no longer requires hospital care; or

- i. To willfully fail to furnish food, shelter, clothing, or medical attention reasonably sufficient to meet the child's needs.
2. "Abandoned Infant" means a child who has been abandoned before reaching the age of one year.
3. "Administrative Review" means a review open to the participation of the parents of the child, conducted by a panel of appropriate persons at least one of whom is not responsible for the case management of, or the delivery of services to, either the child or the parents who are the subject of the review.
4. "Age-Appropriate" means activities or events that are generally accepted as suitable for children of the same chronological age or level of maturity. Age appropriateness is based on the development of cognitive, emotions, physical, and behavioral capacity that is typical for an age group.
5. "Agency" means the North Dakota Department of Human Services, Children and Family Services Division or its designee, including any county social service board.
6. "Aggravated Circumstances" means circumstances in which a parent:
  - a. Abandons, tortures, chronically abuses, or sexually abuses a child;
  - b. Fails to make substantial, meaningful efforts to secure treatment for the parent's addiction, mental illness, behavior disorder, or any combination of those conditions for a period equal to the lesser of:
    - i. One year; or
    - ii. One-half of the child's lifetime, measured in days, as of the date a petition alleging aggravated circumstances is filed.
  - c. Engages in sex offenses in which a child is the victim or intended victim, including corruption or solicitation of a minor, use of a minor in a sexual performance, sexual exploitation or assault, or incest (prohibited under sections 12.1-20-01 through 12.1-20-08 or chapter 12.1-27.2);
  - d. Engages in conduct that constitutes one of the following crimes, or of an offense under the laws of another jurisdiction which

requires proof of substantially similar elements;

- i. Murder, manslaughter, or negligent homicide (violations of section 12.1-16-01, 12.1-16-02, or 12.1-16-03);
  - ii. Aiding, abetting, attempting, conspiring, or soliciting murder, manslaughter, or negligent homicide (violations of section 12.1-16-01, 12.1-16-02, or 12.1-16-03); or
  - iii. Aggravated assault in which the victim has suffered serious injury (violation of section 12.1-17-02).
- e. Engages or attempts to engage in simple assault, aggravated assault, reckless endangerment or terrorizing in which a child is the victim or intended victim (prohibited under sections 12.1-17-01 through 12.1-17-04); or
- f. Has been incarcerated under a sentence for which the latest release date is:
- i. In the case of a child age nine or older, after the child's majority; or
  - ii. In the case of a child, after the child is twice the child's current age, measured in days.

7. "Child" means an individual who is:

- a. Under the age of eighteen years and is neither married and cohabiting with spouse nor in the military services of the United States; or
- b. Under the age of twenty years with respect to a delinquent act committed while under the age of eighteen years.

8. "Deprived child" means a child who:

- a. Is without proper parental care or control, subsistence, education as required by law, or other care or control necessary for the child's physical, mental, or emotional health, or morals, and the deprivation is not due primarily to the lack of financial means of the child's parents, guardian, or other custodian;
- b. Has been placed for care or adoption in violation of law
- c. Has been abandoned by the child's parents, guardian, or other custodian;
- d. Is without proper parental care, control, or education as required by law, or other care and control necessary for the child's well-being because of the physical, mental, emotional, or other illness or disability of the child's parent or parents, and that such lack of care is not due to a willful act of commission or act of omission by the child's parents, and care is required by a parent; or

- e. Is in need of treatment and whose parents, guardian, or other custodian have refused to participate in treatment as ordered by the juvenile court.
9. "Fit and willing relative or other appropriate individual" means a relative or other individual who has been determined, after consideration of an assessment that includes a criminal history record investigation under section 23 of this Act, to be a qualified person under Chapter 30.1-27, and who consents in writing to act as a legal guardian.
10. "Financially Responsible County" is the county where the child's parent has residence at the time of court intervention. The county of financial responsibility could change after a 60-day lapse in placement. If the parents do not have residence in North Dakota, then the financial responsibility exists in the county where the child resided at the time of court intervention. (Definition developed by county directors, 1997).
11. "Foster Care For Children" means the provision of substitute parental child care to those children described in Subsection vi of Section 50-09-01 of N.D.C.C. and includes the provision of food, shelter, security and safety, guidance and comfort on a 24-hour basis, to one or more children under 21 years of age to safeguard the child's growth and development and to minimize and counteract hazards to the child's emotional health inherent in the separation from the child's family. Foster care may be provided in a licensed family foster home, group home, or residential child care facility.
12. "Foster Family Home" means an occupied family residence in which foster care is regularly provided by the owner or leasee thereof to no more than four children, unless all of the children in foster care are related to each other by blood or marriage in which case such limitations shall not apply.
13. "Group Home" means a licensed or approved residence in which foster care is regularly provided for more than four, but fewer than thirteen, unrelated children.
14. "Home" when used in the phrase "to return home" means the abode

of the child's parent with whom the child formerly resided.

15. "Normalcy" means giving children in foster care the opportunity to engage in typical growth and development. This includes the participation in age- appropriate activities, responsibilities and life skills.
16. "Permanency hearing" means a (judicial or Division of Juvenile Services [DJS] administrative hearing pursuant to N.D.C.C. 27-20) hearing, conducted with respect to a child who is in foster care, to determine the permanency plan for the child which includes:
  - a. Whether and, if applicable, when the child will be returned to the parent;
  - b. Whether and, if applicable, when the child will be placed for adoption and the state will file a petition for termination of parental rights;
  - c. Whether and, if applicable, when a fit and willing relative or other appropriate individual will be appointed as a legal guardian;
  - d. Whether and, if applicable, to place siblings in the same foster care, relative, guardianship, or adoptive placement, unless it is determined that the joint placement would be contrary to the safety or well-being of any of the siblings;
  - e. Whether and, if applicable, in the case of siblings removed from their home who are not jointly placed, to provide for frequent visitation or other ongoing interaction between the siblings, unless it is determined to be contrary to the safety or well-being of any of the siblings;
  - f. In cases in which a compelling reason has been shown that it would not be in the child's best interests to return home, to have parental rights terminated, to be placed for adoption, to be placed with a fit and willing relative, or to be placed with a legal guardian, whether and, if applicable, when the child **is age sixteen or greater and** ~~will be~~ placed in another planned permanent living arrangement;
  - g. In the case of a child who has been placed in foster care outside the state in which the home of the parents is located, or if the parents maintain separate homes, outside the state in which the home of the parent who was the child's primary caregiver is located, whether the out-of-state placement have been

considered. If the child is currently in an out-of-state placement, the court shall determine whether the placement continues to be appropriate and in the child's best interests; and

- h. In the case of a child who has attained age ~~sixteen~~ fourteen, the services needed to assist the child to make the transition from foster care to ~~independent living~~ successful adulthood.

17. "Protective supervision" means supervision ordered by the court of children found to be deprived or unruly.

18. "Reasonable and Prudent Parent Standard" means the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child participating in extracurricular, enrichment, cultural, and social activities.

19. "Reasonable efforts" means the exercise of due diligence by the agency to use appropriate and available services to meet the needs of the child and the child's family in order to prevent removal of the child from the child's family, or, after removal, to use appropriate and available services to eliminate the need for removal and to reunite the child and the child's family and to maintain family connections. If the child cannot return home, the agency must make reasonable efforts to make and finalize an alternate permanent placement of the child, including identifying appropriate in-State and out-of-State options. In the case of siblings removed from their home and not jointly placed, frequent visitation or interaction must be provided, unless it is contrary to the safety or well-being of any sibling. In making reasonable efforts and in determining reasonable efforts, the child's health and safety must be the paramount concern.

20. "Relative" means:

- a. The child's grandparent, great-grandparent, sibling, half-sibling, aunt, great-aunt, uncle, great-uncle, nephew, niece, or first cousin;
- b. An individual with a relationship to the child, derived through a current or former spouse of the child's parent, similar to a relationship described in subdivision a;
- c. An individual recognized in the child's community as having a



- relationship with the child similar to a relationship described in subdivision a; or
- d. The child's stepparent.

21. "Residential Child Care Facility (RCCF)" means a licensed or approved facility other than an occupied private residence providing foster care to thirteen or more unrelated children, except as may be otherwise provided by rule or regulation.

**~~Foster Care for Children 624-05-05-05~~**

Delete section – this definition as combined into definitions 624-05-05

**~~Permanency Planning Committee, aka Foster Care Child & Family Team Meetings 624-05-05-10~~**

Delete section – this definition as combined into definitions 624-05-05

**~~Foster Family Home 624-05-05-15~~**

Delete section – this definition as combined into definitions 624-05-05

**~~Group Home 624-05-05-20~~**

Delete section – this definition as combined into definitions 624-05-05

**~~Residential Child Care Facility (RCCF) 624-05-05-25~~**

Delete section – this definition as combined into definitions 624-05-05

**Authority References 624-05-10**

1. Chapter [50-11](#) of the North Dakota Century Code
2. Chapter [50-09](#) of the North Dakota Century Code
3. Chapter [27-20](#) of the North Dakota Century Code
4. Chapter [50-06](#) of the North Dakota Century Code and NDDHS Manual Chapter 110-01 (Confidentiality)
5. Title IV-B of the Social Security Act (SSA)
6. Title IV-A/E of the Social Security Act
7. Public Law 103-432 (SSA Amendments)
8. Adoption and Safe Families Act of 1997 (ASFA), P.L. 105-89.
9. N.D.A.C. [75-03-14-06](#). Permanency Planning.
10. Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351)
11. [Preventing Sex Trafficking and Strengthening Families Act \(P.L. 113-](#)

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### **~~Permanency Planning Definitions 624-05-15-05~~**

Delete section – this definition as combined into definitions 624-05-05

### **~~Permanency Planning Process/Foster Care~~ **Child & Family Team Meeting****

#### **Process and Purpose 624-05-15-20**

Combination of 624-05-15-60 and 624-05-15-65 and 624-05-15-70

The permanency planning process including concurrent planning begins at the time the child is considered to have entered foster care and continues through case closure. This process is intended to assure the safety and well-being of the child and a permanent home in their future. Key benchmarks in the Permanency Planning process are as follows:

1. Child enters foster care
2. Initial ~~Permanency Plan/Foster Care~~ Child & Family Team Meetings  
Permanency Planning Progress Report/Quarterly ~~Foster Care~~ Quarterly Child & Family Team Meetings
3. Permanency Hearing (judicial or DJS administrative hearing pursuant to N.D.C.C. 27-21)
4. Case closure

#### **Purpose**

The purpose of the Child & Family Team Meeting is to insure that children are receiving appropriate care consistent with permanency planning/Wraparound philosophy and rules. N.D.A.C. 75-03-14-06. In addition, the team serves as an administrative review body and fulfills the requirements of federal law.

Although the review participants input is very helpful in the decision making process, final decisions rest with the custodian pursuant to the authority and responsibility conferred on the custodian through N.D.C.C. 27-20-38.

The Child & Family Team Meetings are a key ingredient in the implementation of permanency planning in foster care. The Child & Family Team Meetings are mandatory and are multi-agency and multidisciplinary and serve on an area wide or county basis to review foster care placements of children. Reference N.D.A.C 75-03-14-06.

#### **Function**

The Child & Family Team has, at a minimum, the following functions:

1. Periodically review the initial case plan and case review documents for every child in care.
2. The regional foster care supervisor determines if a specialized level of foster care payment is needed, and the appropriate level and duration of payment. Discussion regarding the specialized payment and the regional supervisor approval must be documented in the child's foster care case plan.
3. The regional foster care supervisor approves the foster care placement into therapeutic family foster care or group or residential child care facility in FRAME.
4. To ensure and document that parents/guardian, child (when appropriate) and foster parent(s) are invited to attend the Child & Family Team meetings.
5. To develop, in writing, the permanency plan for the child, parent, agency, and foster parents with specified goals, tasks, and dates of the completion.
6. To develop local policies in accordance with federal and state law, regulation and policy related to foster care.
7. A Child & Family Team Meeting Outline has been created as a tool to assist the Child & Family Team in addressing the various items specific to the case. This outline can be downloaded from FRAME under Reports/Forms.

### Notifications

The Safe and Timely Interstate Placement of Foster Children Act of 2006, ~~effective 10/1/06, specifically mandates mandated~~ that foster parents of a child and any pre-adoptive parent or relative providing care for the child must be provided with notice of, and a right to be heard in, any proceeding with respect to the child. This is a Title IV-E requirement at 475(5)(G). The custodial agency must notify the foster parent, pre-adoptive parent, or relative caregiver in writing. A copy of the written notification should be kept in the child's case file.

### FRAME

FRAME ~~has been modified to~~ does allow concurrent goals to be entered on both the Initial Permanency Plan and the Permanency Planning Progress Report, completed at the Child & Family Team Meetings. In the goals/tasks section, a case manager may enter "see FRAME" for tasks areas.

**Child & Family Team Membership ~~624-05-15-75~~ 624-05-15-20-08**  
**(New Section created after moving 624-05-15-75 forward).**

Pursuant to N.D.A.C. [75-03-14-06](#), the Regional Supervisor serves as the chairperson, and the county director as vice-chairperson of the Child & Family Team Meeting. In that role as chairperson of the Child & Family Team Meeting, the Regional Supervisor may appoint a co-chair as circumstances warrant. The Regional Supervisor and county social service board director shall select the permanent and case situational members of the committee.

Permanent members include:

1. Regional foster care supervisor
2. County social service board director or designee
3. Custodian/designee
4. Regional DD coordinator or designee must be included on the Child & Family Team when any case being reviewed involves a child who is mentally retarded or developmentally disabled or if there is reason to believe the child may be mentally retarded or developmentally disabled.

Recommended permanent members may include, but are not limited to:

1. A treatment or therapy person (should have strong diagnostic skills)
2. Juvenile court supervisor or other court representative
3. Tribal Government personnel (where appropriate)
4. Case manager (includes therapeutic foster care or Division of Juvenile Services representative)

Required members of the team on a case specific basis: Parent, foster parents, and custodians must be invited. Adequate advance notice of Child & Family Team meetings must be provided to all participants.

1. Parents or legal guardian
2. Foster parent
3. Foster child (when appropriate)
  - a. When a child is age 14 or greater they also have the **opportunity to personally invite two additional members to join the Child & Family Team with them (see 624-05-15-50).**

Other members of the team could include:

1. School official
2. County or city health nurse

3. Others having an appropriate interest in the child or family
4. Group home or residential child care facility (where appropriate)
5. ~~Regional~~ **Chafee** Independent Living Coordinator (where appropriate)
6. Identified team members by the family; natural and formal supports

Local circumstances must be considered in selecting the Child & Family Team. Cooperation between the members is essential. The common goal must always be to arrive at a joint decision and provide the regional supervisor and the child's a legal custodian a recommendation which is in the "best interests of the child."

AASK should be invited to meetings for children whose parental rights are in the process of being terminated or where there is concurrent plan that includes adoption. If the child has a concurrent plan involving adoption as an alternate plan, the AASK\* Agency must be invited to the first Child & Family Team meeting following the change in the goal to adoption. Prior to inviting AASK, parents should be informed about concurrent planning and the roles and responsibilities of AASK. The adoption worker will have information regarding the potential for the child to be adopted and the availability of a potential adoptive family for the child. \*Adoption Agency: Adults Adopting Special Kids (AASK)

It is appropriate for a representative from AASK to be at the Child & Family Team meeting when the child's parental rights have not yet been terminated nor are they in the process of being terminated if there is some thought being given to seeking termination of parental rights for the child. The child placing agency could provide information to aid in the case planning for the child. This gives teams another opportunity to explore every avenue possible in developing permanency plans for children in foster care.

The regional foster care supervisor is responsible to assure that the intent of permanency planning and the requirements of this chapter are carried out.

**Initial ~~Permanency Planning Committee/Foster Care~~ Child & Family Team Meetings 624-05-15-20-10**

The ~~permanency planning committee/team meeting~~Child & Family Team Meeting, co-chaired by the regional supervisor, and the county director or designee, must meet within 30 days of the child's placement into foster care.

It is the responsibility of the chairperson to call the meeting and set the

meeting dates. Child & Family Team Meetings may be conducted in group face to face, telephone conference calls, or a combination of the two.

It is the responsibility of the case manager to get the case on the schedule for team meetings. Cases to be reviewed are determined in advance of the team meeting. Any member of the team may request that a case be reviewed.

Information regarding the ~~committee~~team, its purpose, function, membership, process, initial meeting, legal authority, and responsibility are reviewed. Co-chairs are encouraged to follow the Child & Family Team Meeting outline (embed here). The ~~Permanency Planning Committee~~Child & Family Team Meeting ~~Initial Report and Progress Reports are to be~~ report is to be completed in FRAME.

The case manager has the responsibility for presenting the case to the team. The demographic information including the health, educational requirements, and independent living plan (when 14 years of age and older) must be completed by the case manager in FRAME prior to the meeting.

In order to function effectively, the team must have pertinent information about the child, the parents, the extended family, and the foster family when appropriate. This will include information, as recorded in the Strengths Discovery, on the incidents and safety issue that may have precipitated the need to consider placement, what services have been provided to prevent the placement and also information on how each parent and child has been functioning. The case manager for the child has the responsibility for insuring that a Strengths Discovery is completed and is available for use by the team. The case manager should be prepared to discuss any of the items in the case plan. The team provides input for case planning by identifying strengths, needs, and risk factors. It is the responsibility of the case manager to complete case plan documentation and distribute as required.

The signed signature sheet from the ~~Permanency Planning Committee~~Child & Family Team ~~Initial Report, the Permanency Planning and~~ Periodic Reviews Meetings (FRAME generated) must be maintained as a hard copy in the child's foster care case file. Any FRAME documents generated must also be maintained as a hard copy in the child's foster care case file.

There may be limited situations where permanency plan preprinted forms, created outside of FRAME, are allowed. Permanency Planning Committee Initial Report, SFN 902 and Permanency Planning Committee Progress Report, SFN 903, the entire form, signed, The created document (plan) must be signed and maintained as a hard copy in the child's foster care case file.

**~~Periodic Permanency Planning Committee/Foster Care~~ Child & Family Team Case Review 624-05-15-20-15**

~~The Permanency Planning Committee/Foster Care~~ The Child & Family Team, co-chaired by the regional supervisor and the county director or designee, serves as the ongoing gatekeeper and provides oversight in the administration of the foster care program.

At a minimum, the ~~committee~~/team must meet at least every three months (quarterly) with the key people in the child's life to review the child's situation and progress toward safety, permanency, and well-being. The quarterly team meetings focus on case progress towards the established goal with specific dates for completion and ongoing evaluation of the treatment plan to fulfill the stated goals. The team has the responsibility to provide planning input. At the conclusion of the meeting, the case manager is responsible for completion and distribution of the completed case plan review.

Information regarding the periodic case reviews is at NDDHS Service Chapter ~~624-05-15-80~~. Also refer to the Service Chapter ~~624-05~~ section on "Case Plan."

The signed signature sheet from any initial or progress reports the Child & Family Team Meeting must be maintained as a hard copy in the child's foster care case file.

There may be limited situations where permanency plan preprinted forms, created outside of FRAME, are allowed. Permanency Planning Committee Initial Report, SFN 902 and Permanency Planning Committee Progress Report, SFN 903, the entire form, signed, The created document (plan) must be signed and maintained as a hard copy in the child's foster care case file.

**New Section created**

**~~Documentation of Permanency Planning Initial Report and Progress Report 624-05-15-95-20 and combination from 624-05-15-60~~**

**Documentation of the Child & Family Team Meeting 24-05-15-20-16**

The Child & Family Team Meeting reports in FRAME are required for case plan and case review. All case plan and permanency planning review requirements are built into screens in the FRAME system. This is designed to ensure that federal mandates related to foster care have been met.

The eligibility specialist has on-line review access to foster care cases in FRAME, to assure that AFDC-Foster Care eligibility requirements and compliance issues are met. If the case is not on-line, hard copies of the reports must be sent to the eligibility specialist in the county of financial responsibility.

**PI 15-15 (July 30, 2015 issuance)****Permanency Hearing 624-05-15-20-20**

**Every child in foster care must have a “permanency hearing” within 12 months of the child's entry to foster care or continuing in foster care following a previous permanency hearing.** The hearing must be held in a juvenile court or tribal court of competent jurisdiction (these replace the former dispositional hearings), or as an option, by the Division of Juvenile Services (DJS) for youth under its custody as a placement hearing under [N.D.C.C. 27-21](#).

~~A new requirement, effective 03-27-2000, requires the agency to the~~  
**Agencies must** obtain a judicial determination that it made reasonable efforts to finalize the permanency plan that is in effect (whether the plan is reunification, adoption, legal guardianship, placement with a fit and willing relative, or placement in another planned permanent living arrangement) within twelve months of the date the child is considered to have entered foster care, and at least once every twelve months thereafter while the child is in foster care. The requirement for subsequent permanency hearings applies to all children, including children placed in a permanent foster home or a ~~preadoptive-pre-adoptive~~ home.

In addition, a permanency hearing in the court or DJS must be conducted within thirty (30) days after a court determines that reasonable efforts are not required because:



1. A parent has subjected the child to aggravated circumstances; or
2. The parental rights of the parent, with respect to another child of the parent, have been involuntarily terminated.

The hearing shall determine the court-approved permanency plan for the child that determines, if applicable, when:

1. The child will be returned to the parent;
2. The child will be placed with a relative;
3. The child will be placed with a legal guardian;
4. To place siblings in the same foster care, relative, guardianship, or adoptive placement, if appropriate;
5. In the case of siblings removed from their home and not jointly placed, to provide frequent visitation, or ongoing interaction, if appropriate;
6. The legal custodian (or State) will petition for termination of parental rights;
7. The child will be placed for adoption; or
8. The child age 16 or greater will be placed in another planned permanent living arrangement (APPLA). This applies in cases where the legal custodian has documented to the court a compelling reason for determining that it would not be in the best interests of the child to return home, be referred for termination of parental rights, or be placed for adoption with a fit and willing relative or with a legal guardian. See 624-05-15-115-30-10 for judicial determination requirements.

The hearing shall also:

1. Consider in-State and out-of-State placement options in permanency hearings, and if a child is already in an out-of-State placement, the hearing must determine if the placement continues to be appropriate and in the child's best interests; and
2. In the case of a child who has reached age 1614, the services needed to assist the child to make the transition from foster care to independent living.

All of the information gathered at the Permanency Planning Committee/Foster Care Child & Family Team meetings, initial and quarterly case reviews, must be available to the court or DJS for a permanency hearing.

Foster parents of the child and any preadoptive-pre-adoptive parent or

relative providing care for the child must be provided with written notice of, and a right to be heard in, any proceeding with respect to the child. Email or letter notice constitutes written notice, if there is documentation of the letter or email on file.

A full hearing is required. Paper reviews, ex parte hearings, agreed orders, or other actions or hearings which are not open to the participation of the parents of the child, the child (if age appropriate), and foster parents or ~~preadoptive~~ pre-adoptive parents (if any) are not permanency hearings.

### **PI 15-25 (October 22, 2015 issuance)**

#### **Computing Days in Care 624-05-15-35**

In calculating the mandatory filing deadline, the agency needs to consider the dates the child enters and leaves care, and certain nights between those dates which are not counted among the 450 nights in case.

When there is a petition to terminate parental rights, a child is not considered to be in foster care for the purposes of calculating the 450 nights on any night during which the child is:

1. On a trial home visit; or
2. Receiving services at the Youth Correctional Center pursuant to an adjudication of delinquency; or
3. Absent without leave from the place in which the child was receiving foster care.

#### **Entry to Foster Care 624-05-15-35-05**

A child is considered to have entered foster care on the earlier of:

1. The date of the first court order which finds that the child has been subjected to abuse or neglect, or
2. The date on which the child enters placement is removed from the home.

North Dakota recognizes a child is in foster care if:

1. A child meets the definition of "foster care for children" (NDCC 50-11); and
2. A current court order gives a public agency care, custody, and control.

Foster care placement and reimbursement to providers will vary depending on the best placement option for the child. ND can only issue payment to a licensed/approved provider; meaning not all foster care placements will have fiscal reimbursement. Examples of non-reimbursable foster care placements include, but are not limited to:

- A foster child is placed in an unlicensed relative home = No foster care maintenance payment will be issued for the child's care.
- Foster children returned for a trial home visit = No foster care maintenance payment will be issued for the child's care.

Please see Chapter 623-05 Foster Care Maintenance Rate Payment for more information.

### **Exit from Foster Care 624-05-15-35-10**

A child is considered to leave foster care when any of the following is true:

1. The court enters an order:
  - a) Denying a petition to grant care, custody, and control of the child to the agency or to the Division of Juvenile Services,
  - b) Terminating such a custody order, or
  - c) Appointing a legal guardian; or
2. The court order under which the child entered foster care ends by operation of law; or
3. The child is placed in a parental home by the court or legal custodian other than the Division of Juvenile Services and the legal custodian lacks authority to remove the child without further order of the court; or
4. The child is placed in a parental home by the legal custodian with the intent for the child to remain home. (This is not a trial home visit.)

### Vacating Court Orders:

If the custodian has a valid court order providing care, custody, and control on behalf of a foster child; custodians are required to continue to have monthly visitation with children in foster care, quarterly Child & Team Meetings, and oversee the case management of the child's case plan.

If the Child & Family Team determines foster care is no longer necessary (reunification occurs, fit and willing relative is secured, etc.) and the child is discharged from foster care, the custodian shall request to vacate the court order and close the foster care program in FRAME upon receipt of the

vacated order.

Closing a Foster Care Case:

Custodians are required to close the foster care program in FRAME, no later than 30 days from the date of discharge from foster care. If no other services are being provided by the agency, the case should be closed in FRAME.

Foster Care Verification Form: For all youth discharged from foster care at the age of 16 or older, Custodians are required to complete the foster care verification form (SFN 1612). This form may assist youth with entry into the ND Chafee IL program, apply for FAFSA, receive educational scholarships, and if they "aged out" this form could provide proof for Medical Assistance until age 26.

**PI 15-24 (9/29/2015 issuance)**

**Case Plan 624-05-15-50 (Divided this section up/replaced in this chapter – use this as new version)**

Each child in foster care is required by federal law to have a case plan which must be a written document and a discrete part of the case record. The initial case plan must be developed within 30 days of entry into foster care.

The information in FRAME captures information essential to generate the individualized case plan to meet federal foster care requirements.

The signed signature sheet from the Child & Family Team Meetings (FRAME generated) must be maintained as a hard copy in the child's foster care case file.

In those limited situations where the permanency planning preprinted forms (created outside of FRAME) are allowed, the created case planning document must be signed and maintained as a hard copy in the child's foster care case file.

Title IV-E of the Social Security Act, Sec. 475, specifies what must be in a foster care case plan. The child's case plan must:

- Be a written document and made a discrete part of the case record.
- Include a description of services offered and provided to prevent

removal of the child from the home and to reunify the family.

- Include a description of the type of home or institution in which the child will be placed, discussion of safety and appropriateness of the placement, how the responsible agency plans to carry out court requirements (i.e. reasonable efforts).
- Assure the child receives safe and proper care; that services are provided to the parents, child, and foster parents in order to improve conditions in parents' home, facilitate return of child to their own safe home or the permanent placement of the child.
- Assure that services are provided to the child and foster parents in order to address the needs of the child while in foster care.
- Include a discussion of the appropriateness of the services that have been provided to the child as reflected in FRAME.
- Address visitations between the parent(s), siblings, and foster child. The timeframes for these visits must be appropriate and meet the needs of the foster child and his/her family.
- Include discussions of how the plan is designed to achieve a safe placement for the child in the least restrictive (most family-like) setting available and in close proximity to the home of the parent(s) when the case goal is reunification and a discussion of how the placement is consistent with the best interests and special needs of the child.
- Include details stating (if applicable) why the placement is in the best interest of the child if placement is a substantial distance from the home of the parent(s), in a different state, or outside of the Tribal service area.
  - If the child is placed out of the community, state, tribal service area the case manager must make arrangements for monthly face-to-face visitation with the child.
- Include the most recent information available pertaining to child's health and education records, including:
  - Names and addresses of child's health and educational providers;
  - Child's grade level performance;

- Child's school record;
- Assurances that the child's placement in foster care takes into account proximity to the school in which the child is enrolled at the time of placement;
- A record of child's immunizations;
- The child's known medical problems;
- The child's medication;
- Any other relevant health and education information concerning the child determined to be appropriate by the State agency;
- Assurances that a school age child in foster care is enrolled as a student (or in the process of enrolling), or is a full-time \*elementary or secondary school student; or, is incapable of attending school on a full-time basis due to the medical condition of the child. If the child is incapable of attending school on a full-time basis, regularly updated information, must be included in the case plan that supports this determination; and
- Assurances that the agency has coordinated with appropriate local educational agencies to ensure that the child remains in the school in which the child is enrolled at the time of placement; or, if remaining in such school is not in the best interests of the child, assurances by the State agency and local educational agencies to provide immediate and appropriate enrollment in a new school, with all of the educational records of the child provided to the school.

(\* The term "elementary or secondary school student" can include youth who are attending school in accordance with the State home school law, or youth who are seeking his/her GED through an independent study program in accordance with State law.)

**NOTE:** The above information related to education and medical must be reviewed and updated at the time of each placement of the child in foster care. Also, included is a requirement that such records be supplied to the foster parents or foster care providers.

Additional Case Planning Requirements Include:

A. Permanency Goal:

1. If the child's permanency plan/goal is adoption or placement in another permanent home, federal law (ASFA) requires the plan must include:

- a. Documentation of the steps the agency is taking to find an adoptive family or other planned permanent living arrangement for the child, to place the child with an adoptive family, a fit and willing relative, a legal guardian, or in another planned permanent living arrangement, and to finalize a legal guardianship.
- b. At a minimum such documentation must include child specific recruitment efforts such as the use of state, regional, and national adoption exchanges including electronic exchange systems to facilitate orderly and timely in-State and interstate placements.

2. If the child's permanency plan/goal is another planned permanent living arrangement (APPLA) the case plan must include:

- a. Documentation of intensive, ongoing, and unsuccessful efforts made to return the child home or secure placement for the child with a fit and willing relative, a legal guardian, or an adoptive parent, including the utilization of search technology to find biological family members.
- b. Documentation ensuring the foster care provider is following the reasonable and prudent parent standard.
- c. Documentation that the child has regular, ongoing opportunities to engage in age or developmentally appropriate activities.

B. Age Specific Case Plan Requirements:

1. A foster child who has attained 14 years of age, must be given the opportunity to:

- a. Participate in the development and revision of their individualized permanency plan, which must include:
  - i. A written description of programs and services to help the child prepare for their transition to a successful adulthood. The case manager must assist the child in developing goals to meet their independent living needs.
  - ii. A signed copy of the ND Foster Youth Rights (DN 402) (see 624-05-15-50-49).





### Abbreviated Case Plan

Every child in foster care is required to have an approved case plan which is a written document that is made a discrete part of the case record. For child in foster care on a short-term basis (less than 30 days), an abbreviated case plan is allowable. An abbreviated case plan must contain at least one completed factor, with goals and tasks, in FRAME's family assessment instrument.

All case plans must take into account the child's safety, permanence, and well-being. An approved case plan must be in FRAME before the foster care case can be closed.

### **NOTE: High Risk Youth (at risk of harming self or others)**

Great emphasis is placed on youth in foster care receiving safe and proper care. Each child's case plan must include strategies for dealing with any behaviors or emotional needs which place him/her in the high risk category. Upon identification of such behaviors or emotional needs, a safety plan must be developed immediately for implementation.

A safety plan must be developed and distributed to all appropriate parties, specifically including the foster parents.

Every child in foster care will have an individualized case plan developed and reviewed at least quarterly during the case review (Child & Family Team Meeting). See 624-05-15-50-03.

### **This is a NEW SECTION added (replaced from case plan)**

#### **Case Reviews 624-05-15-50-03**

~~The requirements for the periodic case reviews are~~ ~~The requirements for the periodic case reviews are spelled out in~~ Detailed in the Title IV-E of the Social Security Act, Sec. 475(5), the case review system means a procedure for assuring that:

1. Each child has a case plan (~~FRAME~~) designed to achieve placement in a safe setting that is the least restrictive (most family like) and most appropriate setting available and in close proximity to the parents' home, consistent with the best interest and special needs of the child, which:
  - a. If the child has been placed in a foster family home or child-care institution a substantial distance from the home of the parents of

the child, or in a State different from the State in which such home is located, sets forth the reasons why such placement is in the best interests of the child, and

- b. If the child has been placed in foster care outside the State in which the home of the parents of the child is located, requires that, a case manager (from either State) visit such child in the home or institution where the child is placed, and every month, submit a report on the visit to the State agency (Children and Family Service Division).

2. The periodic review (North Dakota reviews are conducted quarterly and referred to as the Child & Family Team Meeting) determines the safety of the child, the continuing necessity for and appropriateness of the placement, the extent of compliance with the case plan, and the extent of progress which has been made toward alleviating the causes which necessitated the foster care placement, and projects a likely date when the child may be returned to and safety maintained in the home or placed for adoption or legal guardianship.
3. The periodic review will also determine and assess the steps the agency is taking to ensure the child's foster family or child care institution is following the reasonable and prudent parent standard and to ascertain whether the child has regular, ongoing opportunities to engage in age or developmentally appropriate activities to achieve normalcy.

Foster parents, pre-adoptive parents, or relatives providing care for the child must be provided with notice of and a right to be heard in any review (~~Permanency Planning Committee/Foster Care~~ Child & Family Team meetings) or hearing with respect to the child.

The FRAME case management system is designed to capture the information required to ~~generate-create~~ the "~~Permanency Planning Committee~~Child & Family Team Meeting Progress-Report." Hard copies of the FRAME information can be generated and copies made for distribution. Please refer to the FRAME User Manual for technical assistance.

In addition to the requirements outlined above, ~~good practice dictates and~~ federal law requires the case plan to ~~include-also include at a minimum~~ the following items:

1. The goal(s) of placement. Goals must be time framed and detailed. A child's permanency goal must be reviewed at each Child & Family Team meeting.
2. Identification of the specific circumstances which necessitated and cause the separation of the child from the family. Refer to the Agency View and Family View of Situation in the FRAME Case Plan.
3. Identification of the specific services to be provided by the agency in alleviating or helping to alleviate the conditions which led to the placements; project the date(s) by which each of these goals is to be accomplished. Refer to the Family Risk Assessment (FRA) located with the FRAME.
4. Identification of the specific actions to be taken by the parents in correcting the conditions which led to the placement and the date by which each of these activities is to be accomplished. Refer to the Goals and Tasks sections of the Family Risk Assessment (FRA) within FRAME.
5. Identification of the specific actions, when appropriate, to be taken by the child in correcting the conditions which led to placement and the date by which each of these activities is to be accomplished. Refer to the Goals and Tasks section of the Family Risk Assessment (FRA) within FRAME.
6. Identification of the specific services to be provided by the foster parents to the child. Refer to the Goals and Tasks section of the Family Risk Assessment (FRA) within FRAME.
7. Anticipated length of placement stated in months.
8. Written plan for visitation stating frequency, location and participation.
9. Specific information addressing the health, safety, and well-being of the child. Refer to the Life Domains and Safety Plan in the Family Risk Assessment (FRA) within FRAME.

This information is included in the child's case plan on FRAME. Refer to the FRAME user information for technical assistance.

**PI 15-15 (July 31, 2015 issuance)**

**Requirement for Notice to Relatives to Child's Removal 624-05-15-50-23**

Agencies are required to exercise due diligence to identify and notify all and provide notice to the following relatives: parents, parents of a sibling of the child entering foster care who have legal custody of the sibling, all adult

grandparents, and any other adult ~~relative~~-suggested by the parents ~~and grandparents~~, subject to exceptions due to family or domestic violence, within 30 days of child's removal.

For the purposes of this section, "sibling of the child entering foster care" means:

- a. A brother or sister who has at least one biological or adoptive parent in common;
- b. A fictive brother or sister with a significant bond as identified by the child or parent; or
- c. A child that would have been considered a sibling but for the termination or other disruption of parental rights, including a death of a parent.

The relatives<sup>1</sup> must also be advised of all available options to become a placement resource for the child. The notice shall:

- a. Specify that the child has been or is being removed from the custody of the parent, or parents of the child;
- b. Explains the options the relative has under federal, state, and local law to participate in the care and placement of the child, including any options that may be lost by failing to respond to the notice;
- c. Describes the requirements and standards to become a foster family home and the additional services and supports that are available for children placed in that home; and
- d. Describes how the relative of the child may enter into an agreement with the department to receive a subsidized guardianship payment.

The agency must provide this notice in a manner that reasonably ensures the relative has understood the notice. This could mean providing notice in a language the relative is fluent in. Or, the family's case manager may have to go over the written notice in person with the relative. If an individual has a visual impairment, the notice may need to be written using large print or Braille.

It is not required to provide notice to relatives that are identified beyond 30 days of the child's removal. However, agencies can consider, on a case-by-case basis, whether notification would be appropriate.

If a relative fails to respond to the initial notice, the relative may not have

the opportunity to participate in the care and placement of the child.

A notification template, which outlines the relatives' options to become a placement resource for the child, is available for case managers to use.

### **PI 15-21 (Issued 9/23/2015)**

#### **Human Trafficking 624-05-15-50-32**

Custodial case managers must identify, report, determine services for and document the case activity involving any foster child who has been or is suspected to have been a victim of human trafficking.

Human Trafficking is defined in NDCC 12.1-41 as, "the commission of an offense created by sections 12.1-41-02 through 12.1-41-06; which include trafficking an individual, forced labor, sexual servitude, patronizing a victim of sexual servitude, and patronizing a minor for commercial sexual activity.

ND State law recognizes "human trafficking" as including many elements of exploitation. PL 113-183 (Preventing Sex Trafficking and Strengthening Families Act) specifies the identification of sex trafficking victims. Any minor under the age of 18 engaged in a commercial sex act is a victim of sex trafficking. Child sex trafficking is not limited to prostitution, but can include stripping, pornography, live-sex shows, or the exchange of sex acts for necessities such as food, shelter, and/or clothing. Under U.S. federal law, a victim of sex trafficking is a person who is recruited, harbored, transported, provided for, or obtained for the purpose of a commercial sex act. A victim of severe sex trafficking is one who is induced by force, fraud, or coercion, or is under the age of 18 to perform a commercial sex act (Trafficking Victims Protection Act of 2000 (TVPA)).

#### **Identifying Victims of Human Trafficking**

While the suspected trafficker may not be a "person responsible for a child's welfare" under North Dakota law, the reported victim, however must be considered an alleged deprived child(NDCC 12.1-41-12(4)). Please see NDCC 12.1-41-12 for information on immunity of minor.

Children who are at the greatest risk of human trafficking may have one or more common risk factors that should be taken into consideration, including, but not limited to: children for whom family connections are limited or

severed; children in foster care, group homes, and juvenile justice custody; children with a history of physical or sexual abuse or neglect; runaway status; LGBTQ status; prior involvement with law enforcement; and those who have dropped out of high school.

### Indicators of Human Trafficking

#### Sub-Culture

- Items purchased by traffickers, such as clothing, jewelry, gifts, etc.
- Cell phone usage.
- Gang signals.
- Specific language and terminology.
- Information about locations which children used as housing.
- Names and nicknames of people with whom the child is familiar.
- Tattoos which are sometimes used to establish control or ownership; particularly tattoos around the neck and wrist.

#### Living Conditions

- The child works where they live.
- The child's personal freedom of movement is restricted.
- The child's address has changed frequently.
- The child cannot identify their home address.
- The child possesses hotel keys.
- The child has frequently run away from home.
- The child lives with other *unrelated* youths and *unrelated* adults.
- The child receives gifts or clothing from unrelated youths or adults.
- The child returns to an unsafe living situation despite intervention.

#### School Experiences

- The child has significant, unexplained, gaps in school attendance.
- The child displays severe exhaustion during the school day.
- The child does not participate or show interest in school activities.
- The child is not enrolled in school.

#### Adults in the Child's Life

- The child has much older boyfriends or girlfriends, "friends".
- The child does not live with their parent(s) or know the whereabouts of their parent(s).
- The child receives money from unrelated adults.

#### Medical/Physical Condition

- The child has been treated frequently for symptoms of physical abuse.
- The child lacks an adequate medical history.
- The child is malnourished.
- The child shows signs of physical and/or sexual abuse, including physical restraint, confinement, or injuries from actual torture.
- The child has infections from unsanitary tattooing.
- The child has dental injuries; broken/missing teeth, gum disease.
- The child has bed bug bites.
- The child has infections or mutilations but nominal medical treatment.
- The child has contracted sexually transmitted diseases.
- The child has reproductive problems caused by unsafe abortions.
- The child has physical injuries related to sexual activity, such as pelvic pain and urinary tract infections.
- The child has substance abuse problems.

#### Financial/Employment Coercion

- The child has to work but does not indicate where they work.
- The child has little or no access to earnings and no bank account.
- The child has an unusually large amount of money on them.
- The child is indebted to adults.
- The child reports working in a strip club, night club, or massage parlor.
- The child works excessively long or unusual hours.
- The child is not allowed breaks and is unusually restricted at work.
- The child was recruited through false promises concerning the nature and conditions of their work.

#### Psychological Indicators

- The child may not always self-identify as a child or minor. Traffickers coach their victims to state they are eighteen years of age or older.
- The child tells inconsistent stories or stories lacking significant details.
- The child gives deceptive responses to questions.
- The child avoids eye contact with responders.
- The child has symptoms of post-traumatic stress, including anxiety, depression, addictions, panic attacks, phobias, paranoia or hyper-vigilance, or apathy.
- The child has developmental delays, enuresis, or fecal incontinence.
- The child experiences culture shock when in strange communities.
- The child is not allowed or able to speak for themselves, especially when a third party insists on being present or translating.

### Environmental Indicators

- Large amounts of cash and condoms are present where child is found.
- The child's environment contains sparsely furnished rooms.
- The child's environment contains sex advertisements.
- The child's environment contains multiple televisions and pornography.
- The child's environment contains timers; used to time sexual services.
- The child's environment contains tinted windows, buzz-in entrances, video cameras, barred or locked windows/doors, security, etc.

### Reporting

In the event it is determined that the foster child was a victim or sexually exploited; case management will work to ensure needed medical screenings are initiated, services are provided to the child and all required documentation (SFN 960, safety planning, sentinel events, etc.) is completed. Reports of suspected child abuse and neglect that involve human trafficking of a minor are processed in the same manner as any other report of suspected child abuse or neglect.

### Determining Services

There is a high level of need for comprehensive and intensive therapeutic services for victims of human trafficking. Case managers should collaborate with the child and Child & Family Team to develop an individualized service plan specific to these needs. This plan should address the need for safe housing, physical and mental health services, substance abuse treatment, therapeutic foster homes and other services.

It is recommended that trafficking victims receive trauma focused therapy at the earliest possible time following identification as a victim of trafficking. A list of trauma-trained therapists throughout ND may be found at:

**<https://www.tcty-nd.org/index.php/users/>**

Services are best provided from a victim-centered perspective. While each case and victim of human trafficking will be different, victims typically have many of the same service needs. Below are some needs to consider when assessing the needs of individual victims:

### **Concrete needs**

Food (culturally appropriate)	Clothing	Safety/ Protection/ Safety plan
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Safe Placement Emergency Housing	Crisis Intervention	Mental healthcare/ trauma informed care
Medical/ Dental /Eye care	Substance Abuse Evaluation/Treatment	Counseling and/or Case Management
Education/life skills training/ ESL	Health education	Transportation
Legal representation - Criminal/Civil/Immigration	Interpreter/Translator	Court Advocacy/ Victim Assistance
Psychiatric Care	Assistance with Benefits	Crime Victim Compensation
Job/income/Viable employment alternatives	Tattoo Removal/Cover Up	Childcare and/or parenting skills

### Supportive needs

Respect	Mentoring	Acceptance
Nonjudgmental environment	Healthy relationships	Affirmation of skills and strengths
Recognition of abuse and trauma	Understanding of the recovery process	Engagement in positive community
Education to understand the issue(s) of trafficking/exploitation	Opportunities to develop new skills and strengths	Opportunity to be defined by more than abuse/trauma
Supportive peers	Mentors /role models	Leadership opportunities
Holistic care	Advocacy/Know your rights	A sense of empowerment in one's own healing and restoration process

### Documenting

As with all other types of foster care case planning and record documentation; a human trafficking case must be documented in FRAME according to policies and procedures. This includes completion and updates to the care plan, safety plan, case activity log, etc.

**PI 15-18 (9/18/2015 issuance)****Missing Children 624-05-15-50-34**

The custodial case manager, upon determining that a foster child is missing, must make a report immediately, and in no case later than 12 hours using three specific steps:

- 1) Immediately report the incident and pertinent information to local law enforcement. This includes requesting that law enforcement enter the pertinent information into the National Crime Information Center (NCIC).
- 2) Immediately report the incident and pertinent information to the National Center for Missing and Exploited Children (NCMEC) at 1-800-THE-LOST (1-800-843-5678).
- 3) Immediately report the incident and pertinent information to the Regional Supervisor.

Pertinent Information means, but is not limited to the following:

Circumstances of the "missing" report:

- Who, what, where, when, exact time.
- Description of the child's appearance; i.e. hair color/style, clothing, identifying marks. Supply photo if available.
- Provider name, address, and telephone number.
- Who saw the child last?
- Date, time, relevant content from and name of the last case manager visit.
- Is this the first time the child has been "missing"? If not, provide a brief history of prior "missing" episodes.
- What was going on with the foster child at the time, including the possible primary factors that contributed to the foster child being absent from care? Was it from a special event? i.e. game, rodeo, carnival, etc.?

- Is there any suspicion of foul play such as abduction, human trafficking, or sexual exploitation?

#### Return of the foster child.

Once the foster child is found, the above three steps should be repeated to inform all involved parties that the foster child is no longer missing or on the run.

The case manager must screen the foster child to determine both the primary factors that led to the foster child running away, and the foster child's experiences while absent from foster care. This includes determining if the foster child was a possible human trafficking victim. The ND Runaway & Missing Youth Screening (SFN 573) shall be used to help the custodial agency identify if a child missing from foster care was a victim or exploited. The custodial agency should determine how to best integrate this screening tool upon the missing child's return to foster care. Attention should be paid to the child's ability and willingness to participate in the screening. Every effort should be made to complete the screening before NCMEC is notified that the child has been located.

**In the follow-up contact being made to the National Center for Missing and Exploited Children (NCMEC), the case manager will be asked if there was suspicion of or actual human trafficking/sexual exploitation while the child was absent from foster care. If the screening is not completed prior to contacting NCMEC and later it is determined the child was exploited, case management shall notify NCMEC of the findings.**

In the event it is determined that the foster child was a victim or sexually exploited; case management will work to ensure needed medical screenings are initiated, services are provided to the child and all required documentation (960, safety planning, sentinel events, etc.) is completed.

Additional resources to assist case management with runaway clients can be found on [www.missingkids.com](http://www.missingkids.com).

~~The case manager, upon learning of a missing child or a child on the run, must report the incident (with pertinent information) to the legal custodian and the Regional Supervisor as soon as possible, but in no instances later~~

~~than 12 hours.~~

Documentation by the Custodial Case Manager

The case manager must document information in the appropriate data fields in FRAME:

- What action was taken by the case manager and foster care provider family foster home, and/or facility since being notified that the child is missing to expeditiously locate the missing foster child? i.e. APB (all-points bulletin), appropriate notifications, etc.
- What primary factors led to the foster child running away?
- How will case management respond to the primary factors identified in current and subsequent placements?
- The date and the results of the screening determining whether or not the child was a victim or exploited while missing from foster care.

Children and Family Services (CFS) must be notified by the Regional Supervisor when a foster child is missing.

**PI 15-22 (9/23/15 issuance)**

**High Risk Activities-Reasonable & Prudent Parent Standard – Normalcy**  
**624-05-15-50-40**

The reasonable and prudent parent standard is characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child participating in extracurricular, enrichment, cultural, and social activities.

The goals of the reasonable and prudent parent standard are to:

- Provide children in foster care with a “normal” life experience.
- Empower foster care providers (homes, group homes, facilities) to encourage children to engage in extracurricular activities that promote child well-being.
- Allow foster care providers (homes, group homes, facilities) the ability to make reasonable parenting decisions without waiting to obtain

additional permissions from the custodial case manager or the Child & Family Team. (Ex: Field trip permissions, attendance at school functions, carpools, etc.)

When using the reasonable and prudent parent standard, providers should consider:

- The child's age, maturity and developmental level;
- Potential risk factors of participating in the activity;
- The child's best interest;
- Whether or not the activity will encourage the child's emotional and developmental growth; and
- Whether or not the activity will offer the child a family-like living experience.

Normalcy is giving children in foster care the opportunity to engage in typical growth and development. This includes the participation in age-appropriate activities, responsibilities and life skills.

Age appropriate activities are events generally accepted as suitable for children of the same chronological age or level of maturity. Age appropriateness is based on the development of cognitive, emotional, physical, and behavioral capacity that is typical for an age group.

**Example:** It may be age appropriate and "normal" for a 14 year old to go to a school ball game without parental supervision. It may not be age appropriate and "normal" for a 14 year old to go camping with friends without parental supervision.

In an effort to make decisions in the best interest of the child; it is important to engage the child to understand their desire and abilities. Providers may have personal beliefs that would influence participation in requested activities. The Child & Family Team is a resource in finalizing decisions that may present risk.

#### Typical Activity Requests

Foster children request permission to participate in various activities.

Requests that seem “normal” to young people may include but are not limited to:

- Extra-curricular activities (participate in school sports, band, theater, etc.)
- School related activities (attend a dance, ball game, field trip, etc.)
- Working – Babysitting
- Using a cell phone
- Staying up late
- Watching television
- Using the internet – social media
- Dating
- Driving
- Playing video games
- Attending Summer Camp (Sports, Boy Scouts, etc.)
- Riding in a vehicle with others
- Sleepovers
- Vacations (in-and-out of state)
- Haircuts/ tattoos/ piercings
- Operating an ATV or snowmobile
- Boating
- Hunting
- Rodeo
- Skiing

#### High Risk Activities

The child’s custodian has the discretion to approve the child’s participation in what may be considered high risk activities; i.e. skiing, hunting, horseback riding, BMX dirt bike racing, etc. This decision should be made through discussions at the Child & Family Team Meeting. It is recommended that the child attend any safety course available that may relate to the activity prior to participating in the activity; i.e. hunter’s safety, rider’s safety training, etc. Approval should be documented in the child’s case file.

#### Making Decisions

**The custodian will specify upon placement or at the first CFT meeting the parameters for provider decision making authority. The custodian must:**

- Detail the agencies expectations supporting the provider’s ability to engage in reasonable and prudent parenting,

- Define and address "normal" activities the child is already participating in,
- Discuss additional interests and desires the child may have, and
- Identify if there are any barriers.

**Example:** Upon placement, the custodian acknowledges and supports "reasonable and prudent parenting" and agrees that the provider can sign school field trip permission slips, sign documents at clinic appointments, approve who the child can ride with to and from basketball practice (carpools), allow for participation in Girl Scouts, and grant permissions to attend after school events/functions. The custodian also noted that the provider must consult with the agency and Child & Family Team in order to give permission for the child to visit with extended family members.

Providers utilizing the reasonable & prudent parent standard take into account varying factors to make decisions to best meet the needs of the child in placement. Questions include, but are not limited to:

- If appropriate, have the biological parents been consulted about their thoughts regarding their child's participation in the activity?
- Does the activity promote the child's social development?
- Will the activity encourage "normalcy" for the child?
- If the child has medical needs; will the child be able to tell others how to help them if necessary?
- Has the child shown maturity in decision making abilities?
- Would I allow my own child to participate in the activity?
- Who will also be attending or participating in the activity?
- Will the timing of the activity interfere with a scheduled sibling or parent visit, therapy or medical appointment? If so, other options to accommodate the activities and family engagement/ treatment will need to be pursued.

- Does the foster child understand the set expectations regarding curfew, approval for last minute changes to the plan and the consequences for not complying with the expectations?

#### Immunity for Providers

A person providing foster care for children in a licensed or approved family home, group home, or facility is immune from civil liability for any act or omission resulting in damage or injury to or by a child in foster care if, at the time of the act or omission, the person providing foster care for children applied the reasonable and prudent parent standard in a manner that protects child safety, while also allowing the child in foster care to experience normalcy through age or developmentally appropriate activities.

#### Documentation

The case manager must document child engagement in developmentally appropriate activities:

1. In the data fields of FRAME (CFTM notes, case activity logs, etc.)
2. In the affidavit to the court for a permanency hearing, the custodial agency must detail the steps taken to ensure that:
  - a. The child's foster care provider is following the reasonable and prudent parent standard; and
  - b. The child has regular, ongoing opportunities to engage in age or developmentally appropriate activities.

#### **PI 15-16 (Issued 9/8/2015)**

**Credit Reporting policy remove from 624-05-15-50 case plan and create a new section in policy.**

#### **Credit Reporting 624-05-15-50-43**

This policy is specific to foster youth under the custody of County Social Services, the Division of Juvenile Services (DJS), and Title IV-E Tribal Social Services. The intent of the federal law is to:

1. Identify if the youth has been subject to identity theft;
2. Assist youth in understanding the importance of having a credit check completed;
3. Teach the youth how to review a credit report;



4. Educate the youth on the process to continue this practice upon discharge from foster care.

### **~~ND Credit Report Policy:~~**

~~Beginning January 1, 2014, ND Children and Family Services (CFS) Criminal Background Check Unit (CBCU) will obtain an annual credit report from each of the three CRA's Consumer Reporting Agencies (CRAs); TransUnion, Equifax, and Experian for North Dakota foster youth over the age of 16 14. CBCU CFS will request youth credit reports the 10th of each month before the 15<sup>th</sup> of the month and documentation will be electronically forwarded to the custodial case manager within 45 days following the foster youth's birthday.~~

~~Each~~ Every other month CFS will run a FRAME report will to identify foster youth who will turn 14 years old or greater, with 16+ with an open court order in an open foster care service period. CBCU CFS will review data from three months prior to see if any youth who recently turned age 16 14 or greater entered foster care since the last month's credit report request. It is critical that information is entered into FRAME in a timely manner; especially when opening a new case or closing a foster care service program. Ex: If a youth is no longer in foster care, but the foster care program has not been closed in FRAME; CBCU CFS will obtain that youth's credit report. Youth turning age 18 will be eliminated from retrieving their own "free credit report" post discharge because ND already obtained the their free annual report on their behalf. Individuals are only allowed one free annual credit report.

### **Report Request Schedule:**

<b>ND Foster Youth Birthday Months</b>	<b>Retrieval Month</b>
January & February	January
March & April	March
May & June	May
July & August	July
September & October	September
November & December	November

### **Credit Report Results:**

Many youth under the age of 18 will likely not have a credit report, as many do not have credit history. Therefore, the request of a credit report for a youth in foster care will simply be confirming that no report exists. However, when a credit report does exist, it indicates that there is likely a need to correct information and to take action to protect the identity and future credit worthiness of the foster youth.

#### What if discrepancies are found?

Case managers will be responsible to remedy a false credit report. Below are steps on how to respond to discrepancies found in a credit report:

1. Discuss with the youth the results of the report asking if they are aware of anyone using their identity to secure finances (housing, utilities, cell phone).
2. Contact the companies where an account was fraudulently opened or misused. The youth's custodial agency must discuss the logistics of the accounts and indicate there is false credit out in the minor youth's name. Companies will have different procedures to follow in the effort to remedy fraudulent activity.
3. After receiving more information, discuss with the youth the need or desire to file a police report.
4. If needed, contact the Credit Reporting Agency where the activity was identified;
  - a. To place an initial fraud alert on youth's name;
  - b. To initiate a credit freeze for the youth's name;
5. If needed, file a report with the Federal Trade Commission (FTC) [www.ftc.gov](http://www.ftc.gov) or call 1-877-IDTHEFT (1-877-438-4338);

#### **In order to be in compliance; case managers must:**

1. Place a copy of the credit report or message indicating a report does not exist sent by ~~Children & Family Services-CBCU~~ CFS in the youth's case file;
2. **Provide a copy of the results to the youth;**
3. Assist the youth in understanding why the credit report was obtained, interpreting the results, and resolving inconsistencies (flyer created to use if desired);
4. After communicating with the youth, document the independent living

opportunity for the purposes of National Youth in Transition Database (NYTD) federal reporting. Case managers will select "Budget-Financial Management" in FRAME under the Independent Living Services (NYTD) tab.

~~Two existing tools, Foster Care Discharge Checklist and Child & Family Team Meeting Outline, have been updated to include a section on credit reports for worker convenience. These were tools created to assist workers with case file requirements; they are not required for use.~~

**PI 15-09 (6/9/15 issuance)**

**National Youth in Transition Database 624-05-15-50-45 (New Section)**

The National Youth in Transition Database (NYTD) is required federal reporting to track the services and outcomes of youth transitioning from foster care. NYTD requires state child welfare agencies to collect and report data in two specific areas:

1. **Independent Living Services** – document all independent living services provided to foster youth age 14+ with an open FRAME foster care episode. Data collection and entry is to be completed by the public agency custodians and Chafee IL Coordinators (when applicable) into FRAME. Custodians may ask foster care providers for assistance in collecting the information. Independent living service categories include but are not limited to mentoring, academic support, career preparation, and health education. All independent living service categories can be found in FRAME under the Case Management tab in the Independent Living Services (NYTD) section.
  - a) The federal report is submitted every six months.
2. **NYTD Survey** - administer and collect survey data via a three part survey of eligible youth in foster care at age 17, again at age 19, with a final survey completed at age 21.
  - a) Every three years (FFY 2011, 2014, 2017....) North Dakota will survey a new cohort of 17 year old foster care youth. NDDHS Children and Family Services will identify eligible youth from FRAME and will communicate with case managers for assistance in administering the NYTD Survey as needed.
  - b) The **voluntary nature** of the NYTD survey is important for case managers and youth to understand. Youth in foster care are not

required to complete the NYTD survey, rather the state of North Dakota is required to ask the youth if he/she would like to participate. At age 17, if the youth declines to participate, there is no penalty to the youth or to state funding. However, North Dakota will be subject to fiscal penalty if a youth takes the first NYTD survey at age 17 and then chooses not to participate or cannot be located at age 19 and 21.

- c) It is important that youth understand if they choose to take the NYTD Survey at age 17 they are willing to be part of the ND NYTD Survey Cohort and will remain in contact with ND Children & Family Services until they reach age 21 and complete the last of three NYTD surveys.

NDDHS Children and Family Services created the NYTD Handbook to better assist professionals with procedures, data entry requirements, and an understanding of roles and tasks. The **NYTD Handbook can be found at:** <http://www.state.nd.us/robo/projects/62410/62410.htm>

#### **PI 15-16 (Issued 9/8/2015)**

Health Care Directive policy remove from 624-05-15-50 case plan and create a new section in policy

#### **Health Care Directives 624-05-15-50-46**

All foster youth who will be discharged from foster care at the age of 18 **or greater** must be informed about the importance of designating another individual to make health care treatment decisions on their behalf if they become unable to do so, and they do not want or do not have a relative who could make these decisions. A "health care directive" is a document that enables youth to make decisions now about medical care in the future.

#### **Resources:**

- Forms and directions related to health care directives can be found at [www.legis.nd.gov/cencode/t23c065.pdf](http://www.legis.nd.gov/cencode/t23c065.pdf).
- A brochure, "Health Care Directives, A Guide to Assist Youth Aging Out of Foster Care," DN 35 ([link](#)), is available to give to youth when developing the youth's transition plan.

#### **PI 15-16 (Issued 9/8/2015)**

#### **Foster Youth Rights 624-05-15-50-49 (New Section)**

The case plan for any youth age 14 or older must include a list of rights with respect to education, health, visitation, and court participation, the right to be provided with credit reporting documents, and the right to stay safe and avoid exploitation. The custodial case manager must explain the list of rights (DN 402) to each youth in a developmentally and age appropriate manner.

The list of rights must be reviewed and signed annually by the custodian and the youth. A copy of the signed rights must also be given to the youth for their records.

#### Foster Youth Have The Right To:

1. Know why they are in foster care and plans for their future.
2. Be treated with respect, along with their family members.
3. Receive food, clothing, a bed, and items for personal hygiene.
4. Live in a safe, clean place with a reasonable amount of privacy and safety for their personal property.
5. Take personal items, clothing and any gifts or possessions that have been acquired when leaving a foster care placement.
6. Receive medical, vision, and dental care.
7. Be safe from exploitation, physical, sexual, and verbal abuse or neglect.
8. Be treated fairly and without discrimination related to race, gender, age, sexual orientation, disabilities, and religious beliefs.
9. Practice cultural traditions and religious faith in reasonable ways.
10. Receive an education and help with emotional, physical, intellectual, social and spiritual growth.
11. Be given the opportunity to participate in school and community activities.

12. Participate in the development of their case plan and attend Child & Family Team meetings.
13. Contact and be granted visitation with family as approved by the legal custodian.
14. Communicate with case manager.
15. Express concerns about safety, permanency and well-being.
16. Participate and be represented in judicial proceedings.
17. Receive a copy of their annual credit report obtained by the state office.

Reference DN 402 ([link here](#))

#### **PI 15-24 (Issued 9/29/2015)**

**624-05-15-60** combined into a previous section = delete this section

**624-05-15-65** combined into a previous section = delete this section

**624-05-15-70** combined into a previous section = delete this section

**624-05-15-75** combined into a previous section = delete this section

**624-05-15-95** delete this section

**624-05-15-95-05** combined into a previous section = delete this section

**624-05-15-95-10** combined into a previous section = delete this section

**624-05-15-95-15** combined into a previous section = delete this section

**624-05-15-95-15** combined into a previous section = delete this section

#### **Legal Authority of the ~~Permanency Planning Committee (Foster Care Child & Family Team Meeting)~~ 624-05-15-100**

The custodial agency has the final responsibility for the case plan and what happens to the child. The ~~committee~~ **Child & Family Team** essentially serves in an advisory or recommending posture in relation to the case plan. The agency and ~~committee~~ **team** by working cooperatively through multi-agency and multidisciplinary approaches can provide a wider variety of support services to the parents, foster child, and foster parent to carry out the treatment for the case plan. The ~~committee~~ **team** makes a recommendation as to whether a petition should be filed for termination of parental rights; if

and when the child should be returned to their own homes; the parent's willingness and ability to benefit from counseling and treatment services; potential for the parents to ever be able to provide and care for their child and other critical decisions. No single profession has the total knowledge of what is the best plan for a child. By utilizing a multi-agency, multidisciplinary permanency planning/team approach, we broaden the input and allow for more ideas into the important planning decisions. This has proven to be very valuable when it is necessary to go to court on behalf of children and their families. (Reference N.D.A.C. [75-03-14](#).)

**624-05-15-105** combined into definitions = delete this section

**PI 15-17 (Issued 9/18/2015)**

*"Transition Planning" sub heading was located under 624-05-15-50 CASE PLANNING section. "Transition Planning" needs to be removed from case plan and incorporated as listed in this newly titled section 624-05-15-110 below.*

**Discharge & Transition Planning 624-05-15-110**

Discharge Planning

Discharge planning efforts begin the day a child enters foster care. The Child & Family Team, including the child when age appropriate, need to develop a comprehensive discharge plan, focusing on the individualized needs of the child. Special attention must be given to the child's mental health, substance abuse, and developmental issues.

Federal law requires that all children in foster care should be discharged with the following items at no cost to the child:

1. Personal items
2. Legal documents
  - a. Copy of birth certificate
  - b. Copy of Social security card, and/or
  - c. Identification card (if applicable)
3. Medical information
  - a. The extent of the medical history and records provided upon discharge is to be determined by the case manager as necessary and appropriate for the child's continued care.

4. Education records
  - a. History of schools attended
  - b. School grade level
  - c. Copy of the child's IEP (if applicable)
5. Credit report results
  - a. Only required for children over the age of 14
6. Transition Checklist (SFN 494)
  - a. Only required at age 18 for children "aging out" of foster care

#### Transition Planning

For a child "aging out" of foster care at the age of 18, transition planning occurs in conjunction with discharge planning.

A transition plan is required for all children "aging out" of foster care and must be completed within 90 days prior to their 18th birthday. The transition plan must be developed and personalized at the direction of the child and made part of their foster care case plan (either attached or embedded in the case plan). Transition planning is also required 90 days prior to the 18<sup>th</sup> birthday for a child who is interested in remaining in the 18+ Continued Care program. The transition plan can be updated as needed.

North Dakota requires the use of SFN 494 "Transition Checklist" for all children aging out of foster care regardless of the length of time the child has been in foster care. For placements less than six months, custodians should make concerted efforts to gather required documentation noted on the Transition Checklist. This document will assist the Child and Family Team in developing transition goals and organizing all required information that must be provided to a child aging out.

**All efforts must be made to ensure that foster youth are not discharged into homelessness.**

#### **PI 15-15 (Issued 7/31/2015)**

##### **Goals in Foster Care Placement 624-05-15-115**

It is impossible to develop any plan for children in foster care without



establishing goals, either single or concurrent, with specific deadlines and a specific time frame established to reach those goals (See Wraparound Case Management Manual Chapter 641-10).

Foster care lends itself to situations that are extremely difficult to define. It is imperative that a plan be developed with the ~~Permanency Planning Committee/Foster Care~~ Child & Family Team related to strengths, needs, risks, and safety issues with specific measurable and time-limited goals and tasks that will achieve permanency for the child. The safety, permanency, and well being of children and their families must be the priority for everyone involved in the case planning to assure timely permanence and goal achievement.

The primary purpose of the case plan for each child is to document the intent and the steps under way to achieve the goals, including both reunification goals and/or alternate permanency goals. Federal law, in particular, requires that the case plan documents the goals and progress being made toward those goals.

In particular, with respect to a child whose permanency goal is adoption or placement in another permanent home, the case plan must document the steps which the agency is taking to find an adoptive family or other permanent living arrangement, to place the child with an adoptive family, a fit and willing, relative, a legal guardian, or in another planned permanent living arrangement (APPLA), and to finalize the adoption or legal guardianship. At a minimum, such documentation shall include child-specific recruitment efforts such as the use of the state or national adoption exchanges.

For foster youth ~~16-14~~ years of age and older, independent living goals must be developed in their case plan by the custodian. When the child reaches age 16, a referral can be given to the Chafee Independent Living program. ~~Refer~~ Refer to Manual Chapter 624-10, Independent Living Policy.

The following sections are some examples of the goals that can be established to meet the needs of the children, when to select the goal, how to implement it, and when a selected goal may not work.

**Return Home 624-05-15-115-05** = Combined relevant goal sections

This refers to the return of a child in foster care to the home of one or both parents.

When to Select this Goal:

The goal of return home is generally the first choice for a permanent plan. It maintains family roots, requires few legal procedures and is usually the least traumatic.

The goal of return home should be considered when the assessment/  
Strengths Discovery indicates the following:

- The parent is able to provide safely and adequately for the child's well being.
- The parent will be able to provide safely and adequately for the child's well being in a reasonable period of time.
- The parent wants to have the child returned home.
- The child wants to return home.
- Conditions in the home are sufficiently positive after the parents have met the treatment plan goals.

How to Implement this Goal:

To return a child to the home of his parents, there are two steps to follow:

1. The development of a clear plan which includes the roles of the parent, child, natural supports (neighbors, minister, relative, etc.), foster parents, and agencies as described in the single plan of care.
  - a. Future specific tasks the parent and the child, where appropriate, must complete in order to provide adequately for the child's permanence, safety, and well being.
  - b. A visitation plan designed to strengthen the parent-child bond.
  - c. Target date for return home.
  - d. Follow-up plan/safety plan for family support after the child is returned home.
2. Clarification of the legal status of child and family.

When Not to Select this Goal:

The goal of return home would not be appropriate under the following circumstances.

- The parent does not want to have the child returned.
- The child strongly objects with good cause to returning home.
- The parent cannot or will not provide adequately for the child's safety and well being.

- The parent will not be able to provide adequately for the child's safety and well being within a reasonable period of time.
- The parent(s) refuses to participate in treatment

**624-05-15-115-05-05** = Delete -Combined relevant goal sections into 624-05-15-115-05 for return home/ reunification.

**624-05-15-115-05-10** = Delete- Combined relevant goal sections into 624-05-15-115-05 for return home/ reunification.

**624-05-15-115-05-15** = Delete- Combined relevant goal sections into 624-05-15-115-05 for return home/ reunification.

**Placement with Relatives 624-05-15-115-10 = Combined relevant goal sections**

This refers to the placement of a child with a relative other than the biological parents.

When to Select this Goal:

The goal of placement with relatives is one of the less restrictive options. Placement with relatives should be selected under these circumstances:

- The agency must maintain legal custody of the child for up to 12 months and provide supervision during the placement.
- The goal of return home has been ruled out.
- The relative is able to provide adequately for the child's needs and participate in the treatment plan for the child.
- The relative will be able to provide safely and adequately for the child's needs.
- The relative is willing to make a commitment to care for the child.
- The child wants to be placed with the relative.

How to Implement this Goal:

To place a child with relatives there are four steps to follow:

1. Location of relatives as possible placement resources. If relatives have not already come forward to express an interest in caring for the child, seek out family members who might be interested. Refer to 624-05-

15-50-20 for comprehensive information on conducting a relative search.

2. Assessment of the relative's home. Consider in your assessment:
  - a. Physical resources that the relatives have for providing for the child in a safe and stable environment.
  - b. Commitment to the child.
  - c. Flexibility. Will they be able to adapt to the changes the child will bring to the home. Are their words and actions consistent.
  - d. Stability. Have their relationships, employment, housing and social circumstances remained reasonably stable.
  - e. Nurturance capacity of the relative.

**\*\*IMPORTANT\*\*** If the relatives live in another state or county, request an assessment of their home through Interstate Compact before deciding to place the child.

3. Development of a case plan. The plan should be developed with the relatives and the child (when appropriate) and contain the following:
  - a. Specific tasks the relative must complete in order to provide adequately for the child's needs.
  - b. A visitation plan designed to develop and strengthen the bond between child and relative.
  - c. Target date for placement.
  - d. Follow-up plan/safety plan for family support following placement of child.
4. Clarification of the legal status of child and family. Determine the legal status of the child and the relative with regard to this plan. Check with your regulations and your attorney or court for the following information:
  - a. By what authority does your agency have this child in care.
  - b. What must be done legally to move the child into the relative's home.
  - c. What legal rights and responsibilities do the relatives have with respect to this child when placed with them.
    - Can they consent to surgery, armed services, marriage, etc.
    - Can they keep the child safe from the parents who are at risk of harming the child.
  - d. Is legal guardianship appropriate?

When Not to Select this Goal:

The goal of placement with relatives may not be appropriate under the following circumstances:

- No relatives want the child
- The child strongly objects to placement with relatives.
- The parents strongly object to placement with relatives.
- The relatives cannot provide safely and adequately for the child's needs, or provide protection (i.e. sexual and physical abuse cases) and will not be able to within a reasonable period of time.
- The relatives are not willing to participate in the treatment plan or accept supervision from the agency.

**624-05-15-115-10-05** = Delete- Combined relevant goal sections into 624-05-15-115-10 for placement with a relative.

**624-05-15-115-10-10** = Delete- Combined relevant goal sections into 624-05-15-115-10 for placement with a relative.

**624-05-15-115-10-15** = Delete- Combined relevant goal sections into 624-05-15-115-10 for placement with a relative.

**Adoption 624-05-15-115-15 Combined relevant goal sections**

This refers to the situation where the legal rights and responsibilities of a parent to a child are terminated and assumed by another individual who becomes the child's legal parent.

When to Select this Goal:

Adoption is the permanent goal offering the most stability to the child who cannot return home to his parents. It is also the most traumatic to the family since it generally involves permanent separation of child and family. All reasonable efforts should be made to reunite the family before moving to adoption. The goal of adoption should be considered under the following circumstances:

- The goal of return home has been ruled out.
- The parents through words or action have shown an inability or

unwillingness to care for the child. The biological parents will not be able to provide for the child's safety and well being within a reasonable period of time.

- The parents want the child to be adopted, or parental rights have been terminated.
- An adoptive home is available or can be found within a reasonable period of time.
- The child wants to be adopted.

#### How to Implement this Goal:

The goal of adoption involves permanent separation of child and family, and this will require considerable work by the agency. There are two basic steps in the adoptive process:

1. Developing a plan for placement including the referral to AASK for adoptive placement. A referral must be made to AASK no later than when the petition for termination of parental rights has been filed. A referral to AASK should be made when a goal (or concurrent goal) for adoption has been established.
2. Freeing the child for adoption.

The release of a child for adoption is a legal procedure. Before continuing with adoption plans, consult with your agency attorney, court or another attorney familiar with adoption laws in your state and get the following information:

1. What statutes pertain to adoption?
2. What procedures must be followed if a parent wants to voluntarily relinquish their parental rights?
  - a. What are the grounds necessary to terminate a parent's rights when they will not release the child voluntarily?
  - b. Many statutes permit termination of parental rights based upon:
    - i. Absence - Abandonment of the child for a long time or a series of shorter periods of abandonment.
    - ii. Condition- A parental condition which can be diagnosed as precluding parental ability to care for the child adequately.
    - iii. Conduct- Parental behavior which has demonstrated the parents unwillingness or inability to provide adequately for the child's well being.
    - iv. Best interest of the child - The child has formed strong ties with another family and/or will be damaged by a return to the biological parents.

ASFA requirements and timelines have expanded the reasons for termination of parental rights. Refer to the 1999 amendments to N.D.C.C. 27-20-20.1. Petition to terminate parental rights – When brought – Definitions, for complete information.

- c. What factual evidence is necessary and admissible in court if parental rights are to be terminated?
- d. What if one parent will release the child and the other won't, or you cannot locate one parent?
- e. What is the appeal process?

A plan should be developed to initiate general recruitment for an adoptive family at the first Foster Care Child & Family Team meeting following a termination of parental rights. General recruitment is not necessary if the child's current placement resource has committed to adopting the child. Current caregivers should be given sufficient support to make their decision to adopt the child which will transition a child to permanence within a timely manner. It is not appropriate to delay a child's adoption while waiting indefinitely for a placement resource's decision.

#### Development of the Goal:

A clear and specific goal should be developed with all parties involved which includes the following:

1. Preparation of the child for adoption, including explaining reasons for termination of parental rights, development of a life history books, counseling around loss of parents.
2. Visitation plan designed to build the adoptive parent-child relationship.
3. Target date for placement.
4. Procedures for handling disagreements in the planning process.
5. Specific plans for follow-up services to child and family following placement.
6. Procedures necessary to finalize adoption.

#### Prepare the Adoption Case:

Review your case record, case plan, your notes, all letters and correspondence concerning the child. Develop a chronology of your information for termination of parental rights.

For example, list in chronological order the following information about both parents:

1. Reason, date and plan for placement. Note court orders, etc. that document these items.
2. Visits between child and parent, including dates, who made the arrangements, where the visit occurred, how the child and parent behaved and failure to show for visitation by parents.
3. Gifts given to the child - include cards and letters. Note appropriateness, whether one child in a family was left out, dates gifts were given and who gave them.
4. Financial support for child. Who paid what and when, was their court order requiring payment.
5. Parental involvement in case work plan for child's return. Document plans developed, note success and failures at goal achievement, note referrals made to other treatment providers.
6. Document parental conditions which necessitate termination of parental rights.
7. Review all documentation kept by the foster parents throughout the course of the placement.
8. Agency service provision to the family to help in rehabilitation. Include dates of contacts, document services provided. List failed scheduled treatment appointments.
9. Periods of abandonment and agency attempts to locate missing parents.
10. Child's reaction and preference.
11. Parents reaction to situations regarding their child while in placement.

Review your chronological record with regard to state statutes for termination of parental rights.

- If you believe you have a strong case, meet with your attorney to plan to take your case to court.
- If your case is weak, begin NOW to collect the information you need. If the agency has failed to provide adequate services, you may need to plan for return home with a clear casework plan. Should that plan fail you will then have a clear documentation for termination at a future time.

When you have determined that you are ready to go to court, prepare the parents for what is to happen. This applies to voluntary as well as



involuntary terminations.

1. Explain clearly to parents the nature of the court proceedings which will occur.
2. Explain clearly to parents their rights to counsel.
3. Explain to the child, if they are to be involved in this process, what is going to happen in the court proceedings.
4. Explain, when appropriate, to the foster parents the process and what is going to happen in the court proceedings.
5. Explain that foster caregivers must be provided timely written notice and the "right" to be heard in any proceeding held with respect to the child.

When Not to Select This Goal:

This goal of adoption should not be selected under the following circumstances:

1. The child's own family wants the child and can provide adequately for their safety and well being.
2. The child wants to return to the parents.
3. The child strongly objects to being adopted.
4. The child cannot be freed for adoption.
5. No adoptive home can be found following an exhaustive search for such a home, including use of national resource exchanges.

**624-05-15-115-15-05** = Delete- Combined relevant goal sections into 624-05-15-115-15 for adoption.

**624-05-15-115-15-10** = Delete- Combined relevant goal sections into 624-05-15-115-15 for adoption.

**624-05-15-115-15-15** = Delete- Combined relevant goal sections into 624-05-15-115-15 for adoption.

**624-05-15-115-15-20** = Delete- Combined relevant goal sections into 624-05-15-115-15 for adoption.

**624-05-15-115-15-25** = Delete- Combined relevant goal sections into 624-05-15-115-15 for adoption.

**Alternate Permanency Placements 624-05-15-115-25**

The Adoption and Safe Families Act (ASFA) regulations effective March 27, 2000 **required significant changes** in practice related to long-term foster care, independent living, and emancipation. The changes are consistent with discouraging the use of long-term foster care, and the preference for another permanency arrangement for the child such as adoption or guardianship. ~~Throughout the new federal~~Federal ASFA regulations ~~related to ASFA, you will~~ note references to "another planned permanent living arrangement," and ~~few, if any, no longer~~ references to long-term foster care, independent living, or emancipation.

The Supplementary Information to ~~the~~ federal regulations issued January 25, 2000, clarifies that it is not permissible for courts to extend their responsibilities to include ordering a child's placement with a specific foster care provider. The child's placement and care responsibility must be with a public agency (the State agency or another public agency with whom the State agency has an agreement). Once a court has ordered a placement with a specific provider, it has assumed the State agency's placement responsibility.

The terminology regarding "dispositional hearing" has been replaced in ASFA at 475(5)(C) by "permanency hearing." The requirements at 475(5)(C) require a permanency hearing no later than 12 months after foster care entry, and not less frequently than every 12 months thereafter, ". . . which hearing shall determine the permanency plan for the child that includes whether, and if applicable when, the child will be returned to the parent, placed for adoption and the State will file a petition for termination of parental rights, or referred for legal guardianship, or (in cases where the State agency has documented to the State court a compelling reason for determining that it would not be in the best interests of the child to return home, be referred for termination of parental rights or be placed for adoption, with a fit and willing relative, or with a legal guardian) placed in another planned permanent living arrangement . . . ." 1356.21(h)(3): (Federal Regulation effective 3-27-2000)

If the State concludes, after considering reunification, adoption, legal guardianship, or permanent placement with a fit and willing relative, that the most appropriate permanency plan for a child is placement in another planned permanent living arrangement, the

State must document to the court the compelling reason for the alternate plan . . .

The requirement for the 12-month permanency hearing (and every 12 months thereafter) applies to the child "in another planned permanent living arrangement."

**Children entering "another planned permanent living arrangement" (APPLA):**

When other options such as reunification, adoption, legal guardianship, or permanent placement with a fit and willing relative have been ruled out, and it is concluded that "another planned permanent living arrangement" is the most appropriate plan for the child, the agency must document to the court the compelling reason for the alternate plan. The child must be age 16 or greater in order to select this goal as permanency option.

The child's case plan along with the "compelling reasons" document must be available to the court for review during the next permanency hearing.

**Permanency Planning Requirements:**

The quarterly ~~Permanency Planning Committee/Foster Care~~ Child and Family Team ~~reviews now meetings~~ apply to all children in foster care, ~~including those in "another planned permanent living arrangement" (such as long term foster care).~~ This will ensure that the placement is reviewed and the case plan kept up-to-date for the court's yearly review at the 12 month (or sooner) permanency hearing.

**Another Planned Permanent Living Arrangement (APPLA) 624-05-15-115-30**

Another Planned Permanent living Arrangement (APPLA) is a permanency alternative permitted under ASFA that allows a young person age 16 or greater to have a "permanent home" that is not ~~his-the child's~~ home of origin, adoption, guardianship, or kinship care.

When to Select this Goal:

APPLA should be selected as a permanency goal only for a child:

1. Age 16 or greater
2. After reunification, adoption, legal guardianship, and relative

placement have been ruled out.

ASFA explicitly prohibits long-term foster care as a permanency option.

APPLA either will involve a permanent adult caregiver of the child or ~~at least adult parent~~ adult parental figures playing permanent and important roles in the child's life.

APPLA is intended to be planned and permanent. Planned means the arrangement is intended, designed, considered, premeditated, or deliberate. Permanent means enduring, lasting, or stable. In other words, the agency must provide reasons why the living arrangement is expected to endure. The term living arrangement includes not only the physical placement of the child, but also the quality of care, supervision and nurturing the child will receive.

How to Implement this Goal:

If the custodian concludes, after considering reunification, adoption, legal guardianship, or permanent placement with a fit and willing relative, that the most appropriate permanency ~~plan-goal~~ for the child age 16 or greater ~~is placement in~~ another planned permanent living arrangement (APPLA), the custodian must document to the court the compelling reason for the alternate plan.

The case plan should focus on building relationships between the child and those adults who will be his or her network of support upon discharge from foster care. APPLA can certainly include family foster care, but it will usually be foster care with a particular family or individual. Most importantly, the plan should focus on the caregiver's familial relationship with the child continuing after the youth is discharged from foster care.

Examples of a compelling reason for establishing a goal of ~~another planned permanent living arrangement~~ APPLA:

1. The case of ~~an older teen~~ child age 16 or greater who specifically requests ~~that emancipation~~ the custodial agency to allow them to "age out of care" be established as his/her permanency plan;
2. The case of a parent and child who have a significant bond but the parent is unable to care for the child because of an emotional or physical disability and the child's foster parents have committed to raising him/her to the age of majority and to facilitate visitation with the disabled parent; or

3. The Tribe has identified ~~another planned permanent living arrangement~~ APPLA for the child.

In cases in which a compelling reason has been shown that it would not be in the child's best interests to return home, to have parental rights terminated, to be placed for adoption, to be placed with a fit and willing relative, or to be placed with a legal guardian, whether and, if applicable, when the child, aged 16 or older, will be placed in another planned permanent living arrangement. The court shall:

- 1) Verify the child is age 16 or greater;
- 2) Ask the child whether the child has a desired permanency outcome of APPLA,
- 3) Make a judicial determination explaining why APPLA is the best permanency plan for the child, and
- 4) Identify the compelling reasons it continues not to be in the best interest of the child to return home, be placed for adoption, be placed with a legal guardian, or be placed with a fit and willing relative.

**624-05-15-115-30-05** combined into a previous section = delete this

**624-05-15-115-30-10** combined into a previous section = delete this

### **18+ Continued Care 624-05-23**

*Two areas in this section are to be updated based on PL 113-183 judicial determinations and the yellow 18+ hard card!*

#### **Transition Planning**

Transition planning is strengths based and directed by the child. Agencies should include the child in conversations related to their independence and allow them to lead their ~~Foster Care~~ Child & Family Team meetings when appropriate.

Current policy states, a transition plan is required no greater than 90 days prior to the child's 18th birthday. For the purposes of 18+ Continued Care, transition plans should then be updated as needed and monitored on an ongoing basis until the child is discharged from foster care. Agencies ~~are encouraged to use the existing tool "Discharge Checklist"~~ **must use SFN 494 "Transition Checklist"** to ensure that the requirements of youth transition plan are met. ~~Requirements must include, but are not limited to housing, health insurance, education, local opportunities for mentors and support services, workforce supports and employment, and information related to health care directives.~~

### **JUDICIAL DETERMINATIONS**

The 18+ Continued Foster Care Agreement (SFN 60) must be signed by the agency, the child, and the foster care provider for any child who chooses to remain in or return to foster care. Foster care payments are available only for the first 90 days of the child's voluntary placement in foster care unless the required judicial determinations have been made.

There must be a court order that gives a public agency (county social services, tribal social services, DJS) placement and care responsibility within 90 days of the effective date noted on the 18+ Continued Foster Care Agreement (SFN 60). The court order does not have to be the result of an actual court hearing.

In order to claim foster care funds for a child, the following judicial findings must be included in all court orders for children age 18 to 21, remaining in or returning to foster care. No payment can be made to support a child's foster care placement without each and every required finding.

~~The required court order findings are:~~

- ~~1. [Child's name] is between the ages of eighteen and twenty one years and is need of continued foster care services. [Child's name] is not deprived, unruly or delinquent.~~
- ~~2. The court is in receipt of the affidavit for this child, and such affidavit is incorporated by reference into the record of this action.~~
- ~~3. [Child's name] requests to [remain in or return to] foster care pursuant to the "continued foster care agreement", willfully entered into between the Department of Human Services or its agent, the~~

child, and the foster care provider.

4. ~~It is in the best interest of this child to [remain in or return to] foster care, and reasonable efforts were made to meet the child's needs before a foster care placement. (Describe in an affidavit incorporated by reference.)~~
5. ~~[Child's name] has satisfied the education, employment or disability requirements as set forth by the law.~~
6. ~~[Administrative County or the Division of Juvenile Services] shall continue to provide foster care case management and will have care and placement responsibility of this child.~~
7. ~~There are no grounds to terminate parental rights under chapter 27-20.~~

**8. Optional:**

~~[Child's name] will be required to appear at a Permanency Hearing before this court on or before 12 months from the date of the last permanency hearing, or 12 months from the date that the child entered foster care.~~

Every youth age 18 to 21, remaining in foster care or returning to foster care, must have the following judicial findings. No payment can be made to support a youth's stay in care without each and every required finding.

**It is highly recommended that the affidavit containing the case details be "Incorporate By Reference and made part of this order."**  
NDCC 27-20-30.1(2)

**Every 18+ Court Order Requires:**

1. **A judicial determination that [youth's name] is between the ages of eighteen and twenty one years and is in need of continued foster care services.**
2. **A judicial determination that [youth's name] is not deprived, unruly or delinquent.**
3. **A judicial determination that [youth's name] requests to [remain in or return to] foster care pursuant to the "continued foster care agreement", willfully entered into between the Department of Human Services or its agent, the youth, and the foster care provider.**
4. **FOR 18+ YOUTH CONTINUING IN FOSTER CARE**
  - a. **A judicial determination that it is in the best interest of this**

<p>youth to <b><u>remain in</u></b> foster care, <b>and</b></p> <p><b>b. A judicial determination that reasonable efforts were made</b> to meet this youth's needs before a foster care placement for a youth remaining in care for continued foster care purposes. (Detail the agency efforts and list services provided to meet the youth's needs.)</p>
<p>5. FOR 18+ YOUTH <b>RETURNING TO FOSTER CARE</b></p> <p><b>a. A judicial determination that it is in the best interest</b> of this youth to <b><u>return to</u></b> foster care, <b>and</b></p> <p><b>b. A judicial determination that reasonable efforts were made</b> to meet the youth's needs before a foster care placement. (Detail the agency efforts and list services provided to meet the youth's needs.)</p>
<p>6. <b>A judicial determination that [youth's name]</b> has satisfied the education, employment or disability requirements as set forth by the law.</p>
<p>7. Permanency Hearing: <b>[youth's name]</b> will be required to appear at a Permanency Hearing before this court on or before 12 months from the date of the last permanency hearing, or 12 months from the date that the youth is considered to have <b>entered</b> foster care.</p> <p><b>a. A judicial determination</b> with detailed findings that the agency has made reasonable efforts to finalize the permanency plan specific to the youth.</p> <p><b>b. For the permanency goal of <u>APPLA (Another Planned Permanent Living Arrangement)</u>, the court shall:</b></p> <ul style="list-style-type: none"> <li>i. Verify the youth is 16 years of age or older</li> <li>ii. Ask the youth whether they have a desired permanency outcome of APPLA,</li> <li>iii. Make a <b>judicial determination</b> explaining why APPLA is the best permanency plan for the youth, and</li> <li>iv. Identify the compelling reasons it continues not to be in the best interest of the youth to return home, be placed for adoption, be placed with a legal Guardian, or be placed with a fit and willing relative.</li> </ul>
<p>8. In the dispositional and in the permanency hearing, the court shall make a finding that services have been/will be provided to assist the youth in making the transition from foster care to independent living.</p>
<p>9. <b>A judicial determination that the [Administrative county or Agency/tribal council of a recognized Indian tribe]</b> shall continue</p>



to provide foster care case management.
10. <b>A judicial determination that</b> the [ <b>Administrative county or Agency/tribal council of a recognized Indian tribe</b> ] must have care and placement responsibility of this youth.
11. <b>A judicial determination that</b> there are no grounds to file a petition to terminate parental rights under chapter 27-20.
12. Out of State: For out-of-state placements the court must determine if the placement continues to be appropriate and in the best interest of the youth.

### Permanency Planning Forms 624-05-25

The following forms are necessary to carry out the permanency planning foster care program in North Dakota.

They are as follows:

1. ~~SFN 902~~, "Permanency Planning Committee Initial Report" (limited use)
2. ~~SFN 903~~, "Permanency Planning Committee Progress Report" (limited use)
3. ~~SFN 904~~, "Agreement to Furnish Specialized Family Foster Care Services"
4. ~~SFN 906~~, "Recommendation Concerning Payment in Group Care and Residential Child Care Facilities" (obsolete)
5. ~~SFN 884~~, "Parental Placement Agreement"
6. ~~SFN 1537~~, "Foster Care Visitation Agreement"

1. DN 402, "Foster Youth Rights"
2. SFN 60, "18+ Continued Care Agreement"
3. SFN 494, "Transition Checklist"
4. SFN 573, "Runaway & Missing Youth Screening"
5. [SFN 904](#), "Agreement to Furnish Specialized Family Foster Care Services"
6. [SFN 1537](#), "Foster Care Visitation Agreement"

~~Permanency Planning Initial Report, SFN 902 624-05-30-05 Delete~~  
~~Purpose and Use of SFN 902 624-05-30-05-05- Delete~~  
~~Routing Copies, SFN 902 624-05-30-05-10 - Delete~~

~~Completing SFN 902 624-05-30-05-15 - Delete~~

~~Permanency Planning Progress Report, SFN 903 624-05-30-10 Delete~~

~~Routing Copies of SFN 903 624-05-30-10-05 - Delete~~

~~Parental Placement Agreement 624-05-30-20 - Delete Section~~

~~Purpose and Use 624-05-30-20-05 - Delete Section~~

### **Voluntary Parental Placement Policy 624-05-30-20-10**

Voluntary parental placement agreements are discouraged. In the event that such an agreement is necessary to protect the rights and needs of a child, a voluntary placement agreement between the parents and the agency can be entered into for up to 45 days. At the end of that time, the child must either be returned to his/her parents or guardians, or a court order secured. The parental placement agreement can be renewed only upon the written approval of the regional foster care supervisor. It is the general philosophy of the Department that if it is necessary for the child to be removed from his/her parents because of the deprivation or dependency of the child, then it is necessary for the court to be involved.

SFN 884 is obsolete.

The Parental Placement Agreement must be completed in CCWIPS. The paper form is no longer available. This process is to be completed whenever a voluntary placement agreement has been entered. Specifically whenever there is not a court order on a child, a parental placement agreement must be in the file. All items must be completed. It is the responsibility of the agency to assure that all agreements on the form are adhered to, including agreed-upon reimbursement.

Voluntary Placement program is managed by the NDDHS Behavioral Health Division.

~~Distribution of SFN 1537 624-05-30-25-10 - Delete Section~~